

Policy & Procedure (P&P)

Policy Title :

Donor Adverse Reactions and Donor Privacy

Department	Index No.	Scope
Laboratory & Blood Bank	LAB-084	All Blood Bank Staff
Issue Date	Revision NO	Effective Date
07/06/1437	3	23/07/1440
Review Due Date	Related Standard NO.	Page Number#
23/07/1442	CBAHI (LB 39 , LB40)	5

01. Policy:

Well trained phlebotomist must be alert in observing and recognizing signs of impending reactions, how to prevent and provide immediate proper treatment and how to do cardio-pulmonary resuscitation (CPR).

02. Definition :

Not applicable

03. Purpose :

Ensure proper and safe blood donation procedure

04. Procedure :

1. Materials needed for treating the reactions:

- 1.1. Cold compresses
- 1.2. Emesis basin or equivalent
- 1.3. Emergency supplies box or crush cart which contains anti-shock measures:
 - 1.3.1. Normal saline 500ml, Dextrose 5% 500ml and Ringer lactate
 - 1.3.2. Transfusion set
 - 1.3.3. Calcium gluconate
 - 1.3.4. Corticosteroids ampule
- 1.4. Aromatic spirit of ammonia
- 1.5. Towels, tourniquet, alcohol swabs, cotton, gauze

- 1.6. Oxygen and mask
- 1.7. Donor medical history
- 1.8. Telephone to call the code blue in emergency cases

NOTE: In all cases of donor reaction, inform Blood Bank Physician to examine him as soon as possible. Staff should be trained for CPR and drug administration for dealing with emergency situation should be available.

In critical cases, the Emergency Department should be cooperative with Blood Bank Department and provide Emergency Team to deal with the case.

2. Patient preparation and suggestion for preventing possible donor reactions

- 2.1. Greet the donor and make them familiar with the donor room.
- 2.2. Ask the donor to lie down on the bed or donor chair and allow them time to rest for not less than 5 minutes.
- 2.3. Lower the head of the donor before the start of donation.
- 2.4. During the donation, try to keep the donor's mind occupied with conversation or watching TV.
- 2.5. Do not allow donors to view the needle before insertion, or their own blood drawn since this alone may start a reaction.
- 2.6. The blood bank technician gives to the donor a leaflet related to the post donation instructions including also the blood bank phone number for the confidential self-unit exclusion.

3. The confidential self-unit exclusion

The donor can contact the blood bank staff at any time even if after a long period to inform that he feels that his blood is not suitable for the transfusion.

If the blood bank staff receives any notification or information from the donor himself or from a third party about the non-suitability of the blood for transfusion, he will document this information in especial logbook for self-unit exclusion then he will inform the blood bank physician then quarantine all the blood products for further actions.

the blood bank physician will review the case and decides to discard all the units of blood and blood products even if the serology results are negative.

If one or more units were already transfused at the moment of receipt of the information related to the self-unit exclusion, the doctor will contact the doctor in charge and do the look back for the case.

4. Donor adverse reaction and treatment

4.1. Fainting

4.1.1. Cause

4.1.1.1. Syncope (fainting or vasovagal syndrome) may be caused by the sight of blood by watching others give blood or for unexplained reasons.

4.1.1.2. The symptoms include weakness, sweating, dizziness, pallor, loss of consciousness, convulsions and involuntary passage of urine or feces. The skin feels cold with drop of

blood pressure and slowing of pulse rate.

4.1.2. Treatment

- 4.1.2.1. Remove tourniquet and withdraw needle from the arm.
- 4.1.2.2. Apply cold compress to the donor's forehead or the back of the neck.
- 4.1.2.3. Place donor at his back on the floor with legs raised above the level of the head.
- 4.1.2.4. Loosen tight clothing.
- 4.1.2.5. Be sure donor has adequate airway.
- 4.1.2.6. Monitor blood pressure, pulse and respiration periodically until the donor recovers.
- 4.1.2.7. If no rapid recovery is achieved, call the Blood Bank Physician.

NB: The pulse rate often slows significantly. This can be useful in distinguishing between vasovagal attack and cardiogenic or hypovolemic shock, in which cases the pulse rate rises.

4.2. Nausea and Vomiting

4.2.1. Treatment

- 4.2.1.1. Instruct the donor to breath slowly and deeply if he is only nauseated.
- 4.2.1.2. Apply cold compresses to the patient's forehead and/or back of neck.
- 4.2.1.3. Turn donor's head to the side to avoid the danger of aspiration of vomitus.
- 4.2.1.4. Provide a suitable receptacle if the donor vomits and give him cleansing tissues.
- 4.2.1.5. You may give the donor a paper cup of water to rinse out his mouth.

04.3. Twitching or Muscular Spasms

04.3.1. Cause

- 04.3.1.1. Rapid breathing or hyperventilation may cause the anxious donor to lose excessive carbon dioxide. This may cause generalized sensation of suffocation or localized problems as faint muscular twitching of hands or face.

04.3.2. Treatment

- 04.3.2.1. Divert donor's attention by engaging in conversation to interrupt hyperventilation pattern.
- 04.3.2.2. Have the donor re-breathe into a paper bag.
- 04.3.2.3. Do not give oxygen.
- 04.3.2.4. Paresthesia or muscle cramping: **during platelets apheresis**

Symptoms may include abnormal sensations as tingling, prickling, burning, tightness, a feeling of band or girdle around the limb or trunk.

Most common sensations, tingling around the lips and finger tips is usually the result of Calcium deficiency because of Calcium binding by citrate.

Treatment

- Treat by slowing the reinfusion and centrifuge and do not begin another cycle until symptoms disappear
- Give four titralac tablet to be chewed may be repeated every 15-20 minutes
- If symptoms still do not disappear, notify the blood bank physician.
- IV injection of Calcium gluconate may be indicated.

04.4. Hematoma during or after Phlebotomy

04.4.1. Treatment

- 04.4.1.1. Remove the tourniquet and the needle from the donor's arm.
- 04.4.1.2. Place three or four gauze over the hematoma and apply firm pressure for 8-10 minutes with the donor's arm above the heart level.
- 04.4.1.3. Should an arterial puncture be suspected, immediately withdraw needle and apply firm pressure for 10 minutes. Check for radial pulse. If pulse is not palpable or weak, call a Blood Bank Physician.

04.5. Convulsions

04.5.1. Treatment

- 04.5.1.1. Call for help immediately.
- 04.5.1.2. Prevent donor from injuring himself for you.
- 04.5.1.3. If possible, hold donor on bed. If not possible place the donor on the floor.
- 04.5.1.4. Be sure the donor has adequate airway.
- 04.5.1.5. Place a padded device to separate jaws after convulsions has ceased.
- 04.5.1.6. Notify Blood Bank Physician.

04.6. Serious Cardiac Difficulties

04.6.1. Treatment

If the donor is in serious cardiac difficulties or in cardiac arrest, announce code blue by calling 4444 & begin CPR immediately and confine him until code blue team arrive.

05. Documentation, monitoring and reporting

The nature and treatment of all reactions are recorded on the donor records and a copy of the donor adverse reaction form is kept in a special file.

The blood transfusion reactions are monitored and monthly the blood bank supervisor physician or physician collects their statistics and analysis the causes then perform corrective actions (repeat training and competency for

06. Privacy and Confidentiality of Donors

Donor's selection criteria should be done in privacy and confidentiality should be maintained.

05. Responsibilities :

All Blood Bank Staff of Al-Qunfudah General Hospital.

06. Equipment & Forms

- 06.1. Crash cart with all supplies.
- 06.2. Crash cart check list
- 06.3. Donor adverse reaction form.
- 06.4. Self-unit exclusion log book

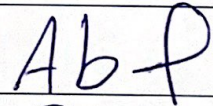
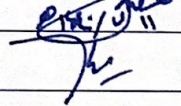
07. Attachment :

Not applicable

08. Reference

- 08.1. Technical Manual of the American Association of Blood Banks.

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